

rehabilitation. Even if one is sceptical about the possibility of changing a personality which is based on an inherited mental subnormality and aggravated by a faulty environment during childhood, such an attempt should be made for humanitarian reasons alone. In the U.S.S.R. highly satisfactory results were achieved in the nineteen-twenties in the so-called prophylactoria which were set up to deal with the large number of prostitutes—an aftermath of war and revolution (Scott).

Fortunately, at each venereal diseases clinic a large number of patients can be seen who, once having overcome (with the help of the staff of the clinic) the psychological shock caused by the diagnosis, present no further special problem. It is to be hoped that, with the raising of the general standard of education, the number of these patients will increase relatively. It is the patient of the uncooperative type who presents difficulties. Legislative measures alone have so far not been very successful. It might be possible, by studying the social and psychological factors which produce this type, to find another approach to the problem.

I wish to thank Col. L. W. Harrison, of the Ministry of Health, for his advice, Dr. F. Hall, County Medical Officer of Health for Lancashire, for permission to publish these statistics, and Miss M. Armitage for her most valuable work as Venereal Diseases Almoner.

REFERENCES

- Abel, Theodora M., and Kinder, Elaine F. (1942) *The Subnormal Adolescent Girl*. Columbia University Press, New York.
- Burn, J. L. (1941) *Lancet*, 2, 655.
- Fessler, A. (1936)¹ *Wien. med. Wschr.*, 86, 1273.
- (1937)² *ibid.*, 87, 95.
- Gordon, J. E. (1944) *Lancet*, 2, 711.
- Hallgren, R. J. M. (1944) *Publ. Hlth. Lond.*, 57, 96.
- Harrison, L. W. (1941)¹ *Brit. J. vener. Dis.*, 17, 249.
- (1945)² *ibid.*, 21, 21.
- Jameson, W. (1943) *Brit. J. vener. Dis.*, 19, 34.
- Laird, S. M. (1942)¹ *Brit. J. vener. Dis.*, 18, 84.
- (1943)² *Venereal Disease in Britain*. Penguin Books, London.
- Manch  e, Dorothy M. (1938) *Social Service in the Clinic for Venereal Diseases*. 1st ed. Baill  re, Tindall and Cox, London.
- Medical Advisory Committee for Scotland (1944) *Report on Venereal Diseases*. Cmd. 6518. H.M. Stationery Office, London.
- Medical Society for the Study of Venereal Diseases (papers and discussion) (1945) *Brit. J. vener. Dis.*, 21, 12-26.
- Ministry of Health (1939)¹ *Report for 1938*. H.M. Stationery Office, London.
- (1943)² Circular 2834. H.M. Stationery Office, London.
- Osler, W. (1917) *Brit. med. J.*, 1, 694.
- Rachlin, H. L. (1944) *J. vener. Dis. Inform.*, 25, 265.
- Ross, A. O. F. (1944) *Publ. Hlth. Lond.*, 57, 135.
- Royal Commission on Venereal Diseases (1916) *Final Report*. H.M. Stationery Office, London.
- Scott, J. A. (1945) *Brit. J. vener. Dis.*, 21, 2.
- Shiels, D. (1945) *Practitioner*, 154, 273.
- Tyneside Experimental Scheme in Venereal Disease Control (1945) *Brit. J. vener. Dis.*, 21, 26.
- Wittkower, E. D., and Cowan, J. (1944) *Psychosomatic Med.*, 6, 287.
- White, E. L. (1922) *Med. Offr.*, 27, 113.

Venereal diseases statistics for 1944-1945

On page 10 of the *Summary Report of the Ministry of Health for the year ended 31st March, 1945* (Cmd. 6710, H.M. Stationery Office, London) some figures relating to the incidence of venereal disease in the United Kingdom in the year 1944 are given. The returns on which they are based are those from treatment centres, and relate to early syphilis and to gonorrhoea, probably covering the great majority of cases of the former disease, whereas a larger number of patients with gonorrhoea may have been dealt with in private practice. The syphilis figures, although smaller than for 1943, are still much over 100 per cent larger than those for 1939, and whereas there was some reduction of incidence among men, among women it was still on the increase. Reference is made to penicillin treatment, and also to the examination of contacts and to the educational campaign.